



CLERK-RECORDER COUNTY OF MONO

P.O. BOX 237, BRIDGEPORT, CALIFORNIA 93517
(760) 932-5536 • FAX (760) 932-5531

Lynda Roberts
Mono County Clerk
lroberts@mono.ca.gov

FICTITIOUS BUSINESS NAME INFORMATION

One Registrant: Fee	\$ 12.50
Husband and Wife: Fee	\$ 12.50
Each Additional Registrant: Fee	\$ 2.00
Abandonment of Name: Fee	\$ 7.50

Five years from the filing date, this application will expire unless a renewal is filed previous to the expiration date. *If you should need an abandonment application to abandon this license within five years, please contact the Clerk's Office so we can send you the necessary forms.*

Please complete the application and send to: The Mono County Clerk's Office, P.O. Box 237, Bridgeport, CA 93517. **Once this document is filed, you will receive:**

- One certified copy (required by the bank) to open a business account
- One for your records
- One copy for you to send for publishing (once per week for four consecutive weeks) in a local weekly newspaper in general circulation:
 - **Mammoth Times: (760) 934-3929**
 - **The Sheet: (760) 924-0048**
 - Should you have any questions regarding the above information, please do not hesitate to contact our office at (760) 932-5530 or speak directly to Debra VandeBrake at 932-5535.

Please note: if filing as a corporation, please attach a copy of Articles of Incorporation.

Sincerely,

LYNDA ROBERTS
CLERK RECORDER

FICTITIOUS BUSINESS NAME STATEMENT

A MAIL FILED DOCUMENTS TO: NAME: _____ MAILING: _____ PHONE: () _____	MONO COUNTY CLERK-RECORDER'S FILING STAMP S:\Recorders Office\FICTITIOUS BUSINESS NAME STATEMENT.doc
1 <input type="checkbox"/> First Filing <input type="checkbox"/> Renewal Filing <input type="checkbox"/> With Changes Current Registration # _____	B Once filed, publish four consecutive weeks in either of Mono County's official newspapers: Mammoth Times (760.934.3929) or The Sheet (760.924-0048).

THE FOLLOWING PERSON(S) ARE DOING BUSINESS AS:

2	Fictitious Business Name(s) _____ 1. _____ 2. _____	3. _____ Articles of Incorporation or Organization Number (if applicable) Please provide a copy of Articles
3	Street Address, City, & State of Principal Place of Business in CA _____	Zip Code _____
4	Full Name of Registrant (if corporation or limited liability company- show state of incorporation or organization) _____ Mailing Address _____ City _____ State _____ Zip Code _____	
4a	Full Name of Registrant (if corporation or limited liability company- show state of incorporation or organization) _____ Mailing Address _____ City _____ State _____ Zip Code _____	
4b	Full Name of Registrant (if corporation or limited liability company- show state of incorporation or organization) _____ Mailing Address _____ City _____ State _____ Zip Code _____	
5	THIS BUSINESS IS <input type="checkbox"/> an individual <input type="checkbox"/> joint venture <input type="checkbox"/> a limited partnership <input type="checkbox"/> an unincorporated assoc. CONDUCTED BY- <input type="checkbox"/> husband and wife <input type="checkbox"/> a corporation <input type="checkbox"/> a general partnership other than a partnership CHECK ONLY ONE <input type="checkbox"/> co-partners <input type="checkbox"/> a business trust <input type="checkbox"/> a limited liability co. <input type="checkbox"/> Other: _____	
6	<input type="checkbox"/> The registrant commenced to transact business under the fictitious name or names listed above on (Date): _____ <input type="checkbox"/> Registrant has not yet begun to transact business under the fictitious business name or names listed herein.	
7	If Registrant is not a corporation, sign: SIGNATURE _____ TYPE OR PRINT NAME _____ SIGNATURE _____ TYPE OR PRINT NAME _____	7A If Registrant is a Corp/limited liability, sign: CORP. OR LIMITED LIABILITY CO. NAME _____ SIGNATURE/TITLE _____
SIGNATURE _____ TYPE OR PRINT NAME _____ TYPE OR PRINT NAME/TITLE _____		
8	Filing Fees: <input type="checkbox"/> One Registrant \$12.50 <input type="checkbox"/> Husband and Wife \$12.50 <input type="checkbox"/> Each Additional Registrant \$2.00 * Abandonment \$7.50 Mail COMPLETED Statement, with payment, to: Mono County Clerk's Office, P.O. Box 237, Bridgeport, CA 93517 (760) 932-5530	

NOTICE- THIS FICTITIOUS NAME STATEMENT AUTOMATICALLY EXPIRES FIVE (5) YEARS FROM THE FILED DATE. TO ABANDON THIS NAME WITHIN FIVE YEARS, YOU MUST FILE AN ABANDONMENT STATEMENT AND PUBLISH ACCORDINGLY (See Section B). The filing of this statement does not of itself authorize the use in this state of a fictitious business name in violation of the rights of another under federal, state, or common law pursuant to §14400 et seq., Business and Professions Code. Questions: Call the Mono County Clerk's Office at (760) 932-5530.

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.

LYNDA ROBERTS, MONO COUNTY CLERK-RECORDER

By: _____
☐ Deputy Clerk ☐ Assistant Clerk-Recorder
File Number: _____